

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-007001

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1274

STATE FILE NUMBER

FILED MAR 15 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b Lifetime		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		d. STREET ADDRESS (If outside, give location) 5931 Agnes	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Michael Sharon		4. DATE OF DEATH Month Day Year Feb. 23 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/26/ 83
9. AGE (last birthday) 79		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe-fitter, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Building	
11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME E. John Sharon		13b. MOTHER'S MAIDEN NAME Mary Seckinger	
14. NAME OF HUSBAND OR WIFE Annie Octavia Sharon		Address 5931 Agnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Annie Octavia Sharon K.C. 30, Mo.		Address 5931 Agnes	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Overwhelming Peritonitis</i>		INTERVAL BETWEEN ONSET AND DEATH 7 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>ruptured diverticulum of sigmoid colon</i>		7 day	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 2/15/63 to 2/22/63 and last saw him alive on 2/22/63 Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Salvin W. Tonkens D.O.</i>		22b. ADDRESS 3800 E 27th St	
22c. DATE SIGNED 2/25/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/26/1963	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) Kansas City Missouri
24. FUNERAL DIRECTOR Wagner Funeral Home	ADDRESS K. C., Mo.	25. DATE RECD. BY LOCAL REG. 2-25-63	26. REGISTRAR'S SIGNATURE <i>Ruth N Long</i>

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
Salvin W. Tonkens  
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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